



Features

Chroniques

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Can Med Assoc J 1997;156:1188-9

Storm of protest greets motion to restrict specialty exams

David Square

In brief

A MOTION BY THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA to restrict specialty examinations to Canadian- and US-trained physicians has met a storm of protest from provinces facing acute physician shortages in remote areas. The motion was called a "recipe for disaster" for provinces such as Saskatchewan, Manitoba and Newfoundland that traditionally have recruited specialists from Commonwealth countries to fill positions. The protests prompted the college to postpone action on its motion until June.

En bref

UNE MOTION PRÉSENTÉE PAR LE COLLÈGE ROYAL DES MÉDECINS ET CHIRURGIENS afin de restreindre les examens de spécialité aux médecins qui ont reçu leur formation au Canada et aux É.-U. a soulevé un tollé de protestations de la part des provinces où il règne de graves pénuries de médecins en région éloignée. La motion a été qualifiée de «médicament catastrophique» dans le cas des provinces comme la Saskatchewan, le Manitoba et Terre-Neuve qui ont toujours recruté des spécialistes des pays du Commonwealth. Les protestations ont incité le Collège à reporter sa motion en juin.

A motion by the Royal College of Physicians and Surgeons of Canada to limit eligibility for its specialty examinations to physicians with Canadian or US postgraduate training has upset medical associations in provinces where up to 50% of specialists are recruited from outside Canada.

Saskatchewan, Manitoba and Newfoundland would be especially hard hit by the ruling because they rely on specialists from Commonwealth countries such as South Africa to fill positions in obstetrics/gynecology, psychiatry, orthopedics and internal medicine.

Dr. Briane Scharfstein, executive director of the Saskatchewan Medical Association, wrote the college in December requesting that the policy be postponed because it would "cause a significant specialty recruitment problem for provinces such as Saskatchewan."

In an interview, Scharfstein was blunt. "This motion is a recipe for disaster," he said, adding that Saskatchewan Health Minister Eric Cline would take action under the province's Medical Profession Act if the college persists.

After receiving complaints from groups representing physicians in Saskatchewan and Newfoundland, the Royal College put its motion on hold until this June. Dr. Hugh Scott, the college's executive director, said the motion is "not as big a change as some people seem to think." Of the more than 150 countries recognized by the United Nations, Scott said only a handful — "the so-called senior Commonwealth countries of Great Britain, Ireland, Australia, New Zealand and South Africa" — have been recognized by the college.

Now that the United Kingdom has closer ties with the European Community (EC), Scott said the college is about to be placed in the tenuous position of recognizing specialty training in the UK while refusing to recognize training in another EC country such as Germany. "Where is the logic in the Royal College recognizing postgraduate training in EC countries just because the UK will now be required to recognize specialty training in EC countries?"



Scott said the college does not want to accept postgraduates from the UK until it can be proved that the United Kingdom and its European partners have a system of accreditation comparable to the standards set by the Canadian postgraduate medical system. "We have the best medical education system in the world and it is not in our interest as a country to lower our standards," he said.

However, Dr. Leigh Wincott, chief of medical staff at Manitoba's Thompson General Hospital, said that if the college pursues its new policy it will make the job of recruiting physicians, particularly specialists, to remote areas even more difficult. Wincott said

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the Thompson area has a shortage of both family practitioners and specialists. A full-time recruiter recently was hired to scour Canada, the US and Commonwealth for 21 full-time physicians for the Thompson area.

Wincott said 4 doctors currently are serving an area that needs 25 physicians, according to guidelines established by the provincial Department of Health. "We are acutely short of doctors," said Wincott, adding that any policy that restricts specialists from the Commonwealth will cause more headaches for his hospital and could affect patient care.

Dr. Mike Cohen, president of the Newfoundland and Labrador Medical Association (NLMA), said that poor remuneration for specialists is already a problem. "Combined with this new policy of nonaccreditation by the Royal College, specialists are just going to fly right over Canada and head for wherever they can get their full registration."

Cohen said 50% of specialists in Newfoundland and Labrador have been recruited from outside Canada. "There has never been a problem with this procedure in the past. The specialist works under a hospital board and is assessed by the college to determine how many years of training, if any, are needed before he can take his exams. The system has worked fine up to now. Why change it?"

In a letter, the NLMA and 4 other provincial medical organizations asked the college to reconsider its motion about international medical degrees and international training. "We believe the historical consistency of the educational experience should allow the Royal College to continue to recognize training of those [Commonwealth] countries when considering credit toward the

examinations," the letter said. "It is appropriate to use this experience as objective evidence about the quality of training programs in countries outside of Canada and the United States."

Dr. Ian White, an anesthetist at St. Boniface Hospital in Winnipeg and a spokesperson for the college, said the college's accreditation exams were challenged by only 20 residents from outside Canada in 1996 — internal medicine (4), psychiatry (4), orthopedics (3), general surgery (2), pediatrics (2), and neurology (1), vascular surgery (1), gastroenterology (1), neurosurgery (1) and anesthesia (1). The college concluded that had the new

regulations been fully in effect for the whole year, 20 fewer specialists would have been certified. "I think some people may be overreacting to the motion to limit accreditation to Canadian- and US-trained residents," said White.

Scott was surprised by the level of protest. "The motion was in no way intended to be critical of physicians working in Canada who were trained in other countries. All the college is saying is that we no longer feel we can adequately assess medical graduates from Commonwealth countries. Moreover, we think it is time Canada solved its medical manpower problems without looking to South Africa."

Scott said that by restricting undergraduate enrollment Canada is severely limiting the opportunities for young Canadians to attend medical school and become specialists. "The opportunity for a Canadian to go to medical school is 1 in 20 000. The only other country with a ratio like that is Albania. All this heat has been put on the Royal College when no one has asked the more fundamental question: Why is it we've been training an inadequate number of specialists?"

Training more Canadian specialists may be the long-term solution for ending the physician shortage in remote areas, but in the short term provinces such as in Saskatchewan, Manitoba and Newfoundland still have acute needs. Medical recruiters John Piggott of Saskatchewan and Caroline Halcrow of Manitoba both agree that a college policy to restrict accreditation will cause more difficulties for them.

When the Royal College meets this month, Scott will present the positions of the medical groups that will be affected by the controversial motion. ?